UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

NAQUAN LECKIE	2817 MOV -9 PN 3: 59
	CV
Write the full name of each plaintiffagainst-	 (Include case number if one has been assigned) COMPLAINT
SEAN Robinson	(Prisoner)
MAURO GONZAlez	Do you want a jury trial? - □ Yes ☑ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

Atgunu Sesta N. Dela Rora

Rev. 5/20/16

N.De La Rosa
Commissioner Of Deeds
City Of New York, Next-10066
New York County

EXP 10 18

11-2-17

I.	T.	EG.	AT.	R	AS	ST	FC	R	CL	A TN	1
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prisoners challenging the constitution of the brought under 42 U.S.C. § 198 "Bivens" action (against federal defe	onality of their condi 33 (against state, cou	itions of confinem	ent; those claims	are
☐ Violation of my federal constit	utional rights		·.	
Other: UNAWFUL	Prosecution	ASSAULT ?	By Officer	Preside
II. PLAINTIFF INFORMA	, '			
Each plaintiff must provide the follo	wing information. A	ttach additional p	ages if necessary.	
Nagyay M First Name Middle In		cekie		
First Name Middle In	itial La	st Name		
you have used in previously filing a 3491707087 Prisoner ID # (if you have previously and the ID number (such as your DII)	been in another ag			agency
Current Place of Detention	The state of the s			
125 White	St		•	
Institutional Address				
NY	$\mathcal{N}_{\mathcal{X}}$		10013	
County, City	State		Zip Code	
III. PRISONER STATUS			•	
Indicate below whether you are a p	risoner or other con	fined person:		
☑ Pretrial detainee☐ Civilly committed detainee☐ Immigration detainee☐ Convicted and sentenced prise	oner			
☐ Other:				•

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	SEAN	Robinson	4826
	First Name	Last Name	Shield #
	Police	officer	
	Current Job Title (or	other identifying information)	:
		recient	
, .	Current Work Addre	ess AlJ	1
	<u> </u>	<i>N</i> /	10002
	County, City	State	Zip Code
Defendant 2:	MAUTO	gonZales	27510
	First Name	○ Last Name	Shield #
	Police	of ficer	
		other identifying information)	
	TRANSIT T	1. v. s. on Homeless	outceach unit
	Current Work Addre	ess	CONCACTION I
•	New Yo	rk NX	
	County, City	State	Zip Code
Defendant 3:	· · · · · · · · · · · · · · · · · · ·		
	First Name	Last Name	Shield #
	· .		
	Current Job Title (or	other identifying information)	
	Current Work Addre	ess	
	County, City	State	Zip Code
Defendant 4:			
	First Name	Last Name	Shield #
	Current Job Title (or	other identifying information)	
	Current Work Addre	ess	
	County, City	State	Zip Code

V. STATEMENT OF CLAIM
Place(s) of occurrence: 148 Stanfon St
Date(s) of occurrence: 3014 14, 15 2017
FACTS:
State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.
500
Attachment

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-> Prext

2019 I Was Engaged Fight with AN UNKNOWN Person AND Was maliciously Prosecuted By AW Enforcement. me And the unknown Person Had A Few Words And then tussied over A pocket Knife He Pulled From His Pocket. When The other PArty Felt I was graga graining the situation RAN OFF BEFORE I Can Folly Register Le Situation At Hand Officer MAUTO gonzalez Pointed His Wegpor At me AND told me on the ground, I complied Demand, He Han BACK AND on my tomped Applied Pressure Felt Like I Couldn't Breath He Radioed o the precint. Officer Robinson the officers I Been Cut ANC they SAId I Would Braging to the Hospital CAME from The Hospital I was then taking to The Precint I Spake to Officer Senn Robin And told Him what -Ad Occurred His Exact words

				•		
				·		
				:		
INJURIES:						
If you were injured if any, you required	as a result of these and received.	e actions, desc	ribe your inju	ries and wha	t medical trea	tment,
	MALICOUS	Prosecu	ition U	NFAIR	treatmen	<i>t</i>
<u>Presudice</u>				_ ` .		
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Presidice, By OFFICE Mental	ers, Assa. Anguish.	Ult By	OFF.Cei	Dep	ression,	$\frac{1}{c+}$
Predudice, By OFFICE Mental	ers, ASSA. Anguish,	Wror	officer gful	Arres	ression,	ct
Predudice, By OFFICE Mental	ers, Assa. Anguish,	Wror	officer gful	Arres	ression, + -> E	ct
Predudice, By OFFICE Mental	ers, Assa. Anguish,	Wror	officer gful	Arres	ression, + -> E	ct
Predudice, By OFFICE Mental	ers, Assa. Anguish,	Wror	officer gful	Arres	ression, + -> E	ct
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VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IFP application.

11-02-17			Egins faller
Dated			s Signature
NAGUAN	M		leckie
First Name / 125 White	Middle Initial	Last Nan	ne
Prison Address			
WX	•	$\mathcal{N}_{\mathcal{X}}$	10013
County, City		State	Zip Code
Date on which I am delivering	this complaint t	o prison authorit	ies for mailing:

Leckie hitest K, NY, 10013



US District court Southern District court OF NewYork

Soo pearl St New York, NY, 10007



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